

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div> TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): </div> <div> FAX NO. (Optional): </div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER:	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—FAMILY LAW	
CASE NUMBER:	

To:
 (Insert name of individual being served)

NOTICE

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.

If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below.

Date of mailing: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF SENDER - MUST NOT BE A PARTY IN THIS CASE)

ACKNOWLEDGMENT OF RECEIPT

(To be completed by sender before mailing)

I agree I received the following:

- a. ☐ Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)

b. ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)

c. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)

d. ☐ (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)

(2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)

(3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)

(4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)

(5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)

(6) ☐ *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)

(7) ☐ Other (specify):

(To be completed by recipient)

Date this acknowledgment is signed: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)